

FEE WAIVER ASSETS TEST QUESTIONNAIRE

NOTE: If you qualified for the current school year for FREE school lunch through direct certification (e.g., you are certified eligible by the Department of Human Services, receive food stamps or AFDC payments), you need not complete this form; you are automatically qualified for fee waivers. IF NOT, you may be required to complete this form if you wish to apply for fee waivers.

Even if your family assets are greater than the maximum permitted under the Family Assets Test, extenuating circumstances causing unusual financial hardship beyond your control may still allow your child to qualify for fee waivers. Complete this form and contact the appropriate school or district administrator.

Student(s) for whom application is being made:

Name	Grade	School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

A. INFORMATION ABOUT FAMILY ASSETS

1. Please list the following owned, leased or being purchased by you or any member of your family who lives in your home if the vehicle has a current market value in excess of \$1,000.00.

	Make	Year	Current Value	Amount Owed	Owner	Equity Value
Cars						
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
Truck						
_____	_____	_____	_____	_____	_____	_____
Motorcycle (if regularly used for transportation)						
_____	_____	_____	_____	_____	_____	_____
TOTAL						\$ _____

2. How many licensed adult drivers (over 18) who are in your immediate family live in your home? _____

3. If a member of your immediate family who is under age 18 and lives in your home regularly drives a

car, truck, or motorcycle, please explain why: _____

4. Please list any homes or real property **other than the home in which you are now living** that you or a member of your immediate family who lives in your home owns or is buying, and the approximate equity value that you or that person has in the property.

Property	Owner	Equity Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL EQUITY VALUE		\$ _____

5. Please list the current value of any of the following owned by you or a member of your immediate family living in your home:

Type	Amount	Type	Amount
Savings Accounts		Credit Union Accounts	
Time Certificates		Cash on Hand	
Average Monthly Balance of Personal Checking Account		Money Market Certificates	
Stocks/Bonds		Trust Funds	
IRA/KEOGH/401K		TOTAL	\$

6. Please list any of the following owned, leased or being purchased by you or any member of your immediate family living in your home:

	Make	Year	Current Value	Amount Owed	Equity Value
Snowmobile					
Motor Home					
Motorcycle					
Boat / Motor					
Dune Buggy					
ATV					

Camper / Trailer					
TOTAL					\$

B. SUMMARY OF ASSET VALUES

1. \$_____ : Total value of all assets listed under numbers A.4, A.5, and A.6.
2. \$_____ : Total value of any vehicles listed under number A.1 which are not:
 - (1) used as the primary means of transportation by a member of your immediate family;
 - (2) used solely for work by a member of your immediate family; or
 - (3) used by a student as essential transportation for work or school because school or public transportation is not reasonably available.

C. AFFIRMATION OF ACCURACY

I (please print name)_____, have read this Questionnaire, or had it read to me. I understand the questions. Under penalty of perjury, I swear that the answers I have given on this questionnaire are true and correct. I am the person whose name is signed below. I understand that I may request a fair hearing if I disagree with a decision made on the basis of this application. I also understand that failure to provide the information requested by this Questionnaire may result in denial of the fee waiver application, and that the school district may require verification of any information provided in this questionnaire.

Signed,

Parent or legal guardian

Date

[For Office Use Only]

DECISION

G Passed assets test [assets are at or below Statewide Assets Test limits]

G Failed assets test [assets are above Statewide Assets Test limits]

Reviewed by: _____

Name
Position
Date

Reminder to office staff:

Provide information outlined in the district's fee waiver policy concerning procedures for appeal and due process to any person whose application is denied.